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Chapter 8

Death and Disabilities in Divergent Deportation Contexts

Revisiting the Hispanic Epidemiological Paradox

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Once concentrated on the U.S.-Mexico border, immigration enforcement today reaches across the U.S. interior. The escalating investment in deportations has spread injury, fear, and isolation. For instance, although new immigrant arrivals typically enjoy health advantages compared to the general U.S. population, injuries sustained from "tactical infrastructure" on the border designed to cause harm have become all too common (Jusionyte 2018b), and once settled in the United States, workers who are hurt or become ill on the job tend to absorb the costs of bodily harm. After arrival, severe health consequences can continue to mount among immigrants working in meatpacking (Ribas 2016) and agriculture (Holmes 2013), as Nathan Mutic and Linda McCauley document in Chapter 6 in their examination of heat stroke among agricultural workers. Recognizing these workers' vulnerable legal status, employers and insurance companies have turned to reporting their injured and deportable employees to immigration authorities in order to skirt their medical fees (Berkes and Grabell 2018). Clearly, the health consequences of immigration enforcement have the potential to erode immigrant health outcomes in myriad ways. In this chapter, we examine whether the rise of mass deportations across U.S. metro areas coincides with rising health challenges faced by immigrants.

The unprecedented volume of deportations since the late 2000s, which coincided with the aftermath of the Great Recession as well as a shift in Hispanic noncitizens' countries of origin,

may have introduced additional health hazards for immigrants. As enforcement escalates, do the health effects of immigration enforcement and restrictive policy making extend to death and disabilities? If so, which groups are most likely to report negative health outcomes in areas hit hardest by mass deportations? We examine whether enforcement predicts negative health among all Hispanics or only those most vulnerable to deportation: recently arrived Hispanic noncitizens. To examine the relationship between deportations and health, we analyze multiple data sources merged with Department of Homeland Security (DHS) data. Our analyses rely on data from Secure Communities, a nationwide program under Immigration and Customs Enforcement (ICE) that links arrestees' biometric data to federal databases capable of identifying noncitizens (Rosenblum and Kandel 2012). Given the discretion county officials could exercise in implementing the program (Pedroza 2019, 2013), there is wide variation in the reported deportation statistics. Specifically, we leverage county-level variation in Hispanic[1] mortality (i.e., crude death rates) from the Centers for Disease Control and Prevention (CDC) and cumulative deportation rates under the Secure Communities immigration enforcement program. Then, we examine differences in individuals reporting multiple disabilities—as recorded in the American Community Survey (ACS)—across metro areas with divergent enforcement contexts.

We find evidence that residents living in metros hit particularly hard by the rise of mass deportations were more likely to report health problems. Recently arrived Hispanic noncitizens are among the least likely to qualify for naturalization and protections from deportation (Rosenblum and Kandel 2012). In addition to being at elevated risk of deportation, they were also more likely to report multiple disabilities if they lived in metro areas where deportations became especially common. The rest of the Hispanic population, including Hispanic noncitizens who arrived in earlier waves predating the rise in mass deportation, was apparently spared these

adverse health consequences. The results suggest that although the broader effects of enforcement can extend beyond the intended targets of enforcement, certain health outcomes such as disabilities have afflicted an especially vulnerable segment of the immigrant population. Although newly arrived Hispanic noncitizens are healthier than those who arrived in earlier eras and thus are more likely to have survived to older ages (Taylor et al. 2011), part of the price of settling in the United States seems to have risen, and today includes higher rates of disability. We propose injuries sustained en route to the United States and injuries sustained on the job may help explain the relationship between enforcement and disabilities.

<H1>**Research on Enforcement and Immigrant Health**

In this section, we first discuss recent evidence on whether contextual effects matter for immigrant health outcomes. Then, we summarize reasons why immigrant groups might report health advantages relative to other populations—the so-called Hispanic epidemiological paradox (HEP)—and the conditions under which we observe a diminished immigrant health advantage.

<H2>*Whether State and Local Contexts Can Shape the HEP and Immigrant Health*

Research on immigrant health suggests divergent contexts can affect immigrant health. Although prior work has found a weak relationship between anti-immigrant prejudice and mortality (Morey et al. 2018), mounting evidence suggests that the social determinants of health among immigrants (Castañeda et al. 2015) include policy and enforcement contexts (Perreira and Pedroza 2019). For instance, restrictive policies can accelerate stressors and erode support networks (Philbin et al. 2018; Morey et al. 2018; Hagan, Rodríguez, and Castro 2011;

Rodríguez, Paredes, and Hagan 2017, 2019). The link between restrictionism and declining health might stem from an erosion of trust in health institutions (Cruz Nichols, Lebrón, and Pedraza 2018) and noncitizen workers becoming stuck in hazardous jobs (Hall and Greenman 2015; Orrenius and Zavodny 2009; Fernández-Esquer, Gallardo, and Diamond 2019) in contexts where finding a new job is made increasingly difficult by a rise in restrictionism (Lofstrom, Bohn, and Raphael 2011; East et al. 2018).

<H2>*Past Research on the Paradox*

The HEP refers to unexpectedly favorable health outcomes among the Hispanic population in the United States, especially Hispanic immigrants (Markides and Eschbach 2005; Teruya and Bazargan-Hejazi 2013; Hummer and Chinn 2011). Researchers have found evidence of the HEP when examining various outcomes, ranging from longevity, mortality, and life span variability (Goldman, Glei, and Weinstein 2017; Lariscy et al. 2016; Lariscy, Hummer, and Hayward 2015) to specific health risks (Markides et al. 2007).[2] The HEP has also been invoked when examining chronic conditions and pain among unauthorized immigrants compared to authorized immigrants (Hamilton, Hale, and Savinar 2019). Explanations for the HEP emphasize resilience and health-enhancing factors (Ruiz et al. 2016; Acevedo-Garcia and Bates 2008; Riosmena, Kuhn, and Jochem 2017) as well as emigrant selection (Riosmena, Kuhn, and Jochem 2017; Riosmena, Wong, and Palloni 2013) and differences in health selection across immigrant groups (Akresh and Frank 2008). Relatedly, differences in who migrates back to their countries of origin (a "salmon bias") may also account for such advantages (Abraido-Lanza et al. 1999; Arenas et al. 2015; Riosmena, Wong, and Palloni 2013; Turra and Elo 2008).[3]

<H2>*The HEP Is Not Immutable and Can Erode*

Researchers have begun identifying the conditions under which living in the United States can become detrimental for immigrants (Castro 2007). Among these, duration of stay strongly predicts the trend toward increasing risk of mortality and chronic illness (Riosmena et al. 2015). Generation status (Giuntella 2016), segregation (Do et al. 2017), and living in established immigrant destinations compared to new immigrant destinations (Fenelon 2017; Brazil 2017) also help explain where health advantages either sustain or erode. In addition, the transition to old age can reduce health and disability advantages among older Hispanic immigrants (Sheftel and Heiland 2018; Markides et al. 2007). The advantages can recede in the absence of social networks (Cantu and Angel 2017; Montes-de-Oca et al. 2015; Eschbach et al. 2004) and of health care utilization (Roy, Olsen, and Tseng 2020) and result in "longer—but harder—lives" (Boen and Hummer 2019, 434). Additionally, barriers to health access and utilization (Bacon, Riosmena, and Rogers 2017; Cervantes et al. 2018) and health-adverse factors such as high rates of obesity and diabetes can also erode the HEP (Goldman 2016). Finally, the health advantages we observe are not immutable and may have emerged in the 1960s (Palloni and Morenoff 2001) as a result of immigrant selectivity, and such an advantage might erode in the coming decades.

<H2>*Contribution to Research on Contextual Determinants of Immigrant Health*

Studies that have analyzed the potential effects of immigration policy making on health have come to differing conclusions. On the one hand, immigration policy making does not necessarily lead to a tandem change in immigrant health access or outcomes (Allen and McNeely 2017; Koralek, Pedroza, and Capps 2009). Such nonrelationships could reflect resilient communities weathering tough times, or changes in immigrant behavior that evade data collection efforts, or

both. On the other hand, among studies that do find policy making is related to health, three scenarios are discussed.

First, rising restrictionism may foretell worse outcomes for the general public. In this scenario, high deportation rates may have taken hold in places beset by economic downturns (O'Neil 2011; Joyner 2018; Parrado 2012), thus predicting worse health for everyone (Strully et al. 2020). After all, increasingly stringent enforcement tends to coincide with spikes in unemployment (O'Neil 2011; Joyner 2018; Parrado 2012). Indeed, Secure Communities negatively affected employment options among immigrants and the general U.S. population (East et al. 2018), possibly because locations with a ramp-up in deportations were already vulnerable to negative labor market trends.

Second, a growing body of research suggests restrictive immigration policy making can affect health among Hispanic noncitizens and Hispanic U.S. citizens alike. In response to a rise in enforcement, Hispanic immigrant households may report mistrust of mainstream institutions, declining health, and other negative outcomes (Alsan and Yang 2019; Watson 2014; Cruz Nichols, Lebrón, and Pedraza 2018; Vargas and Benitez 2019). Indeed, when asked about the current immigration policy climate, nearly half of Hispanic adults—and two-thirds of Hispanic immigrants—report worrying "some" or "a lot" that someone they know may be deported (Lopez and Rohal 2017), especially as the salience of deportations has become widespread (Sanchez et al. 2015). Under these conditions, Hispanics may have become generally wary of seeking health-promoting services, whether they were born in the United States or not (Stanhope et al. 2019).

Third, this chapter examines whether deportations predict disabilities only among those most likely to be directly affected by intensifying enforcement. For instance, the health and

mental health consequences of Secure Communities on Hispanic immigrants has been found to be limited to immigrants living with noncitizen household members (Wang and Kaushal 2019). Likewise, the effects of Arizona Senate Bill 1070 on low birth weight were found to be limited to Hispanic immigrant women (Torche and Sirois 2018).

<H1>**Data and Methods**

<H2>*Health Data*

Following recent work (Sheftel and Heiland 2018), we analyze CDC data on deaths and ACS data on disability.[4] The data provide prevalence estimates for Hispanic death rates as well as for six measures of disability (i.e., cognitive, ambulatory, independent living, self-care, vision, and hearing difficulty). At the macro level (N = 2,145 county-years between 2013 and 2016), we first predict county death rates as a function of cumulative deportation rates using publicly available CDC data. At the micro level, we predict whether or not an individual reported two or more disabilities. Although we do not know when each person first experienced any difficulties, we interpret multiple disabilities as a proxy for cumulative health disadvantage.[5]

<H2>*Deportation Data*

We propose that *cumulative* exposure to deportation events might predict adverse mortality and disability outcomes because such exposure is likely to present serious health challenges. We define the cumulative deportation rate (D) of a county to equal the number of reported deportations since the activation of the Secure Communities program in that county's jail system,

adjusting for (1) the number of days each area participated in the program and (2) the number of noncitizens:

$$D = \log\left(\left\{\frac{cumulative\,removals \wedge returns}{noncitizens\ per\ thousand} \times \frac{days\,since\,initial\,activation}{365}\right\} + 1\right)$$

$$D = \log\left[\left(\frac{cumulative\,removals \wedge returns}{noncitizens\ per\ thousand} \times \frac{days\,since\,initial\,activation}{365}\right) + 1\right]$$

Lagged deportation rates (t – 2 years) are merged with CDC and ACS data. Finally, we restrict analyses to the years 2013–2016 (a period during which over 90 percent of counties participated in the Secure Communities program).

In county-level analyses of CDC data, we predict death rates as a function of deportation rates. In ACS data, metro residents living in an identifiable county are assigned deportation rates corresponding to their county of residence. Residents without a county identifier and whose broader metro area straddles multiple counties are assigned a synthetic rate, which is the sum of the county-specific deportation rates weighted by the resident noncitizen population.[6]

<H2>*Individual and Household Determinants of Health*

ACS responses allow us to examine individual-level variation in disabilities. Following prior research, we account for duration of stay (Riosmena et al. 2015) in the United States by measuring years since arrival among the foreign-born. We also acknowledge differences in disabilities across the life course (Sáenz 2015; Markides et al. 2007)—for example, among younger versus older Hispanic immigrants (Sheftel and Heiland 2018; Rodríguez, Paredes, and Hagan 2019; Cantu and Angel 2019; Olsen, Roy, and Tseng 2019)—and adjust for individual's age (and age-squared). Since recent immigrant arrivals are more likely to be male (Riosmena,

Kuhn, and Jochem 2017), and since health outcomes often differ by sex (Acevedo-Garcia and Bates 2008; Ruiz et al. 2016; Garcia, Reyes, and Rote 2019), we adjust for each person's sex (Female: 1; Male: 0). Educational attainment and living below the poverty line are both associated with health outcomes, and so we account for both. Individuals with disabilities can select into health insurance coverage and Supplemental Security Income (SSI), and we include indicators for both. We also account for differences in marital status because those who live with a spouse tend to also exhibit other health-promoting behaviors. Similarly, differences in occupation and employment status predict health outcomes, and so we account for sector and employment status. Finally, we include fixed effects for fifty-nine Hispanic origin groups in the ACS.

In our analyses of individual health outcomes, we differentiate between noncitizens who arrived in the United States after 2006 (i.e., recent arrivals at elevated risk of deportation) and those who arrived earlier (for a similar approach by timing of arrival, see Riosmena, Vinneau, and Beltrán-Sánchez 2019). The composition of earlier waves of Hispanic noncitizens differs from recent arrivals. For instance, among Mexican noncitizens, only 10 percent arrived after 2006. By contrast, recent arrivals comprise a notable proportion of Hispanic noncitizens from other countries: 43 percent of Cuban noncitizens arrived after 2006, compared to 33 percent of Dominicans, 29 percent of Colombians, 21 percent of Hondurans, 20 percent of Guatemalans, and 15 percent of Salvadorans.

<H2>*Analytic Approach*

Since we are interested in the relationship between immigration enforcement and health, we focus on adult civilians living in metro areas (i.e., residents age twenty-five and older not in

military occupations or in group quarters). In our analyses of CDC data, we regress Hispanic death rates on cumulative deportation rates. The macro-level results account for determinants of deportation activity: the relative size of a county's Hispanic population, the growth of the Hispanic population since 1990, and fixed effects per state and year (Pedroza 2019). Standard errors are clustered at the county level and results are weighted using noncitizen population estimates. In these analyses, we are limited to examining death rates among all Hispanics, regardless of nativity.

When predicting disabilities using ACS data, we first describe time trends in disability rates across metro areas. We then present multivariate regression results where each metro resident's likelihood of reporting multiple disabilities is compared to residents in the same metro area and then compared to individuals across all metro areas. The approach allows us to account for differences across 242 different metro areas. We also present results for 147 metro areas with at least 100 Hispanics in a given year. In sum, the regression models account for variation across individuals (*i*) in each metro area (*m*) in a given year of ACS data (*t*):

$$Y_{i,m,t} = \alpha + \beta_1(deportation_{m,t-2}) + \sum \beta X_{i,m,t},$$

where "deportation" equals the rate of deportation in year $t - 2$ (preceding the year leading up to each administration of the ACS survey) and X is a set of individual and household variables.

<H1>**Results**

When analyzing the relationship between county-level deportations and mortality, we find high rates of Hispanic deaths are *less* likely to be concentrated in counties with elevated immigration enforcement (Table 8.1). Consistent with past work (Brazil 2017; Fenelon 2017), counties with

higher rates of Hispanic population growth reported lower Hispanic mortality rates. On the basis of these results, we might conclude that immigration enforcement does not erode Hispanic health. To analyze whether enforcement predicts worse health outcomes for specific segments of the Hispanic population, we turn to micro-level data.

Insert Table 8.1 about here

Disability rates are unevenly reported across subsets of racial/ethnic groups. Table 8.2 displays the share of metro residents reporting multiple disabilities by race/ethnicity, citizenship status, and deportation context. Multiple disability rates were reported by 7.39 percent of all respondents during the study period (2013–2016), but there was notable heterogeneity by subgroup. For example, and perhaps not surprisingly, Hispanic noncitizens had the lowest overall rates of multiple disabilities (3.42 percent). In addition, U.S. citizen, non-Hispanic, white residents had similar rates of multiple disabilities as Hispanic U.S. citizens (7.64 percent and 7.34 percent, respectively). U.S. citizen, non-Hispanic, black metro residents reported especially high multiple-disability rates (9.85 percent).[7]

Insert Table 8.2 about here

Bivariate patterns suggest a relationship between enforcement [mean cumulative deportation rate: 2.1, or $(e^{2.1} - 1) = 7$ deportations annually per thousand noncitizens] and disabilities. In general, residents in low deportation contexts (i.e., cumulative deportation rates one standard deviation below the mean) did report multiple disabilities less often (7.30 percent compared to 7.40 percent) than those in high deportation areas, or a standard deviation above the mean. Next, we examine whether these relationships hold when accounting for other factors.

If deportations represent a proxy for declining conditions for the general population, then disabilities should be more common for everyone in high deportation areas. We find no such

evidence (Table 8.3). Our results confirm a *negative* relationship between deportations and disabilities whether we omit (model 1) or adjust for a full set of determinants of health (model 2). Among non-Hispanic residents (models 3 and 4), deportation rates are also inversely related to disabilities, both among white (models 5 and 6) and black U.S. citizens (model 8).

Insert Table 8.3 about here

We also examine whether enforcement foretells adverse reports of disabilities among Hispanics. For context, among Hispanics in the sample (i.e., metro residents age twenty-five and over), 34 percent are not U.S. citizens; close to half (45 percent) are U.S.-born citizens; and the remainder are naturalized U.S. citizens (21 percent). We find no such evidence for most Hispanic groups. Consistent with our Hispanic mortality results, disabilities are less common among the general Hispanic population in metro areas with high deportation rates (model 10). In fact, when analyzing disabilities among Hispanics (including either U.S. citizens or noncitizens arriving before 2007), we find deportations predict *fewer* disabilities once we account for all covariates of health (models 10, 12, and 14). In sum, we find no evidence of generalized effects of enforcement on Hispanic deaths or disabilities. Rather, our results suggest the era of mass deportations comes with severe health consequences primarily for those at highest risk of exposure to immigration enforcement: *recently arrived* Hispanic noncitizens who immigrated during a time when enforcement escalated to unprecedent levels. Disabilities are more common in high-deportation-rate metro areas among Hispanic noncitizens who have not had the benefit of putting down long-term roots in the country.

Only among Hispanic noncitizens who are recent arrivals do we find that reporting more than one disability is more common in high-deportation-rate metro areas (Table 8.4). The results suggest disabilities are more common in high-enforcement metro areas among those most likely

to be affected by deportations. Recall that Hispanic noncitizens who arrived after 2006 reported the *lowest* rates of multiple disabilities (2.30 percent across metros and 2.68 percent in high-deportation contexts, as shown in Table 8.2). Among recently arrived Hispanic noncitizens, rising cumulative deportations are associated with a 3.4 percent rise in the likelihood of two or more reported disabilities, even after we account for determinants of health and focus on 147 metro areas with 100 or more Hispanics (model 6).[8]

Consistent with prior research, reporting multiple disabilities is more common among those who have been in the United States longer, are older, are not in the labor force, or received SSI benefits. Results are substantially the same when we conduct robustness checks to determine whether the results are sensitive to decisions regarding our sample or approach.[9]

Insert Table 8.4 about here

<H1>**Discussion and Conclusion**

The accumulated weight of immigration enforcement did not affect every local community across the United States evenly. Where mass deportations took firm hold, certain members of the Hispanic population were more likely to report accumulated health disadvantages. Despite a relative advantage compared to other groups, Hispanic noncitizens who arrived in the United States recently have been alone in reporting more instances of multiple disabilities. Recently arrived noncitizens have also been an enforcement priority for deportation (Rosenblum and Meissner 2014; Rosenblum and Kandel 2012), which may have exposed this group to adverse health outcomes.

Because of data limitations, our analyses cannot explain why disabilities are more common in high-deportation-rate metro areas. CDC analyses are limited to macro-level mortality data among all Hispanics. In ACS data, we are able to analyze pooled cross-sections that contain information about when immigrants arrived in the United States and where they settled, but these data do not tell us exactly when they *first* began to experience disabilities. Consequently, meaningful explanations for our results must be able to provide cogent reasons for why a rise in disabilities was limited to recently arrived Hispanic noncitizens.

We anticipate that employment and migration contexts help account for our results. First, recently arrived noncitizens may be especially vulnerable to adverse working conditions. Having entered the United States since the Great Recession, Hispanic noncitizens in restrictive locations may have felt stuck in their jobs (East et al. 2018; Lofstrom, Bohn, and Raphael 2011). In response, exploitative employers (Valenzuela et al. 2006) may have exposed these employees to dangerous conditions at a higher rate with the expectation that noncitizens would keep injuries to themselves to avoid the threat of deportation (Berkes and Grabell 2018). Parallel research has documented how risk can translate to social suffering among farmworkers (Holmes 2013). Our study suggests a promising area of research regarding whether and how noncitizens in metro areas might likewise absorb the health costs of risky jobs: supplementary analyses reveal that the relationship between disabilities and deportations is especially pronounced among recent metro arrivals working in the service sector.

Second, recent arrivals may have also experienced dangerous conditions en route to the United States. Ethnographic research on the health risks of crossing the U.S.-Mexico border (Holmes 2013; Jusionyte 2018a) suggests that border crossers must contend with increasingly hazardous obstacles along the way. As Abby Wheatley notes in Chapter 13, the politics of

survival continue even after arriving north of the U.S.-Mexico border. If leaving or fleeing one's country of origin has become not only a difficult but a hazardous decision, then we need to understand the premigration, migration, postmigration, and (among deportees reentering the United States, as examined by Amelia Frank-Vitale in Chapter 11) remigration decisions and circumstances of those who cross the U.S.-Mexico border or bypass traditional ports of entry to settle in U.S. metro areas.

Our results suggest an immigrant advantage in reported disabilities partially waned. The advantage may have eroded at a slightly faster pace in metro areas with high cumulative deportation rates than in metro areas with low deportation rates. Left unchecked, disabilities among recent noncitizen arrivals may rise further. Just as others have suggested that deportations can diminish immigrants' accumulated social capital (Hagan, Leal, and Rodríguez 2015; Rugh and Hall 2016), we likewise call attention to the implications of investing in mass deportations at the expense of immigrant health. In the long term, the social effects of enforcement can further erode health in ways we have only begun to reliably measure. For example, if finding safe passage to the United States—and a safe job once in the United States—became more difficult as deportations rose, then recently arrived noncitizens may find that they can ill afford to support their networks of friends and family, including older immigrants who are especially vulnerable to isolation. In addition, by exposing immigrants to infectious disease, COVID-19 can accelerate health inequalities among immigrants who are deemed essential and also concentrated in precarious labor with little or no access to health care. By continuing to detain and expel noncitizens amid the pandemic, U.S. immigration officials contribute to the spread of COVID-19 among noncitizens in U.S. custody as well as in deportees' countries of origin. In the evolving

context of mass deportations and a global pandemic, deportations may have only begun to take a toll on health in immigrant communities.

References

Abraido-Lanza, Ana F., Bruce P. Dohrenwend, Daisy S. Ng-Mak, and J. Blake Turner. 1999. "The Latino Mortality Paradox: A Test of the 'Salmon Bias' and Healthy Migrant Hypotheses." *American Journal of Public Health* 89 (10): 1543–1548.

Acevedo-Garcia, Dolores, and Lisa M. Bates. 2008. "Latino Health Paradoxes: Empirical Evidence, Explanations, Future Research, and Implications." In *Latinas/os in the United States: Changing the Face of América*, edited by Havidán Rodríguez, Rogelio Sáenz, and Cecilia Menjívar, 101–113. New York: Springer.

Akresh, Ilana Redstone, and Reanne Frank. 2008. "Health Selection among New Immigrants." *American Journal of Public Health* 98 (11): 2058–2064.

Allen, Chenoa D., and Clea A. McNeely. 2017. "Do Restrictive Omnibus Immigration Laws Reduce Enrollment in Public Health Insurance by Latino Citizen Children? A Comparative Interrupted Time Series Study." *Social Science and Medicine* 191 (October): 19–29.

Alsan, Marcella, and Crystal Yang. 2019. "Fear and the Safety Net: Evidence from Secure Communities." National Bureau of Economic Research Working Paper 24731. https://www.nber.org/system/files/working_papers/w24731/w24731.pdf.

Amuedo-Dorantes, Catalina, Esther Arenas-Arroyo, and Almudena Sevilla. 2018. "Immigration Enforcement and Economic Resources of Children with Likely Unauthorized Parents." *Journal of Public Economics* 158 (February): 63–78.

Arenas, Erika, Noreen Goldman, Anne R. Pebley, and Graciela Teruel. 2015. "Return Migration to Mexico: Does Health Matter?" *Demography* 52 (6): 1853–1868.

Bacon, Emily, Fernando Riosmena, and Richard G. Rogers. 2017. "Does the Hispanic Health Advantage Extend to Better Management of Hypertension? The Role of Socioeconomic Status, Sociobehavioral Factors, and Health Care Access." *Biodemography and Social Biology* 63 (3): 262–277.

Berkes, Howard, and Michael Grabell. 2018. "Stopping the Deportation of Immigrants Injured on the Job." *Pacific Standard*, Febuary 9. https://psmag.com/social-justice/deporting-undocumented-workers-hurt-at-work.

Boen, Courtney E., and Robert A. Hummer. 2019. "Longer—but Harder—Lives? The Hispanic Health Paradox and the Social Determinants of Racial, Ethnic, and Immigrant-Native Health Disparities from Midlife through Late Life." *Journal of Health and Social Behavior* 60 (4): 434–452.

Brazil, Noli. 2017. "Spatial Variation in the Hispanic Paradox: Mortality Rates in New and Established Hispanic US Destinations." *Population, Space and Place* 23 (1): e1968. https://doi.org/10.1002/psp.1968.

Camacho-Rivera, Marlene, Ichiro Kawachi, Gary G. Bennett, and S. V. Subramanian. 2015. "Revisiting the Hispanic Health Paradox: The Relative Contributions of Nativity, Country of Origin, and Race/Ethnicity to Childhood Asthma." *Journal of Immigrant and Minority Health* 17 (3): 826–833.

Cantu, Phillip A., and Jacqueline L. Angel. 2017. "Demography of Living Arrangements among Oldest-Old Mexican Americans: Evidence from the Hispanic Epidemiologic Study of the Elderly." *Journal of Aging and Health* 29 (6): 1015–1038.

Cantu, Phillip A., and Ronald J. Angel. 2019. "Limited but Not Disabled: Subjective Disability versus Objective Measurement of Functional Status and Mortality Risk among Elderly Mexican Americans." In *Contextualizing Health and Aging in the Americas*, edited by William A. Vega, Jacqueline L. Angel, Luis Miguel F. Gutiérrez Robledo, and Kyriakos S. Markides, 271–288. Cham, Switzerland: Springer.

Castañeda, Heide, Seth M. Holmes, Daniel S. Madrigal, Maria-Elena de Trinidad Young, Naomi Beyeler, and James Quesada. 2015. "Immigration as a Social Determinant of Health." *Annual Review of Public Health* 36:375–392.

Castro, Felipe González. 2007. "Is Acculturation Really Detrimental to Health?" *American Journal of Public Health* 97 (7): 1162.

Cervantes, Lilia, Delphine Tuot, Rajeev Raghavan, Stuart Linas, Jeff Zoucha, Lena Sweeney, Chandan Vangala, Madelyne Hull, Mario Camacho, and Angela Keniston. 2018. "Association of Emergency-Only vs Standard Hemodialysis with Mortality and Health Care Use among Undocumented Immigrants with End-Stage Renal Disease." *JAMA Internal Medicine* 178 (2): 188–195.

Cruz Nichols, Vanessa, Alana M. W. Lebrón, and Francisco I. Pedraza. 2018. "Spillover Effects: Immigrant Policing and Government Skepticism in Matters of Health for Latinos." *Public Administration Review* 78 (3): 432–443.

Do, D. Phuong, Reanne Frank, Cheng Zheng, and John Iceland. 2017. "Hispanic Segregation and Poor Health: It's Not Just Black and White." *American Journal of Epidemiology* 186 (8): 990–999.

East, Chloe N., Philip Luck, Hani Mansour, and Andrea Velasquez. 2018. "The Labor Market Effects of Immigration Enforcement." IZA Institute of Labor Economics Discussion

Paper no. 11486. http://ftp.iza.org/dp11486.pdf.

Eschbach, Karl, Glenn V. Ostir, Kushang V. Patel, Kyriakos S. Markides, and James S. Goodwin. 2004. "Neighborhood Context and Mortality among Older Mexican Americans: Is There a Barrio Advantage?" *American Journal of Public Health* 94 (10): 1807–1812.

Fenelon, Andrew. 2017. "Rethinking the Hispanic Paradox: The Mortality Experience of Mexican Immigrants in Traditional Gateways and New Destinations." *International Migration Review* 51 (3): 567–599.

Fernández-Esquer, Maria Eugenia, Kathryn R. Gallardo, and Pamela M. Diamond. 2019. "Predicting the Influence of Situational and Immigration Stress on Latino Day Laborers' Workplace Injuries: An Exploratory Structural Equation Model." *Journal of Immigrant and Minority Health* 21 (2): 364–371.

Garcia, Marc A., Adriana M. Reyes, and Sunshine Rote. 2019. "Disability and the Immigrant Health Paradox: Gender and Timing of Migration." In *Contextualizing Health and Aging in the Americas*, edited by William A. Vega, Jacqueline L. Angel, Luis Miguel F. Gutiérrez Robledo, and Kyriakos S. Markides, 249–269. Cham, Switzerland: Springer.

Giuntella, Osea. 2016. "The Hispanic Health Paradox: New Evidence from Longitudinal Data on Second- and Third-Generation Birth Outcomes." *SSM-Population Health* 2:84–89.

Goldman, Noreen. 2016. "Will the Latino Mortality Advantage Endure?" *Research on Aging* 38 (3): 263–282.

Goldman, Noreen, Dana A. Glei, and Maxine Weinstein. 2017. "The Best Predictors of Survival: Do They Vary by Age, Sex, and Race?" *Population and Development Review* 43 (3): 541–560.

Hagan, Jacqueline, David L. Leal, and Néstor Rodríguez. 2015. “Deporting Social Capital: Implications for Immigrant Communities in the United States.” *Migration Studies* 3 (3): 370–392.

Hagan, Jacqueline, Néstor Rodríguez, and Brianna Castro. 2011. “Social Effects of Mass Deportations by the United States Government, 2000–10.” *Ethnic and Racial Studies* 34 (8): 1374–1391.

Hall, Matthew, and Emily Greenman. 2015. “The Occupational Cost of Being Illegal in the United States: Legal Status, Job Hazards, and Compensating Differentials.” *International Migration Review* 49 (2): 406–442.

Hamilton, Erin R., Jo Mhairi Hale, and Robin Savinar. 2019. “Immigrant Legal Status and Health: Legal Status Disparities in Chronic Conditions and Musculoskeletal Pain among Mexican-Born Farm Workers in the United States.” *Demography* 56 (1): 1–24.

Holmes, Seth. 2013. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkeley: University of California Press.

Hummer, Robert A., and Juanita J. Chinn. 2011. “Race/Ethnicity and US Adult Mortality: Progress, Prospects, and New Analyses.” *Du Bois Review: Social Science Research on Race* 8 (1): 5–24.

Joyner, Kara. 2018. “Arresting Immigrants: Unemployment and Immigration Enforcement.” *Migration Letters* 15 (2): 215–238.

Jusionyte, Ieva. 2018a. *Threshold: Emergency Responders on the US-Mexico Border*. Oakland: University of California Press.

———. 2018b. “What I Learned as an EMT at the Border Wall.” *The Atlantic*, October 20. https://www.theatlantic.com/ideas/archive/2018/10/threshold-tk/572833/.

Koralek, Robin, Juan Pedroza, and Randy Capps. 2009. "Untangling the Oklahoma Taxpayer and Citizen Protection Act: Consequences for Children and Families." Urban Institute. https://www.urban.org/sites/default/files/publication/27981/1001356-Untangling-the-Oklahoma-Taxpayer-and-Citizen-Protection-Act-Consequences-for-Children-and-Families.PDF.

Lariscy, Joseph T., Robert A. Hummer, and Mark D. Hayward. 2015. "Hispanic Older Adult Mortality in the United States: New Estimates and an Assessment of Factors Shaping the Hispanic Paradox." *Demography* 52 (1): 1–14.

Lariscy, Joseph T., Claudia Nau, Glenn Firebaugh, and Robert A. Hummer. 2016. "Hispanic-White Differences in Lifespan Variability in the United States." *Demography* 53 (1): 215–239.

Lofstrom, Magnus, Sarah Bohn, and Steven Raphael. 2011. *Lessons from the 2007 Legal Arizona Workers Act*. San Francisco: Public Policy Institute of California.

Lopez, Mark Hugo, and Molly Rohal. 2017. "Latinos and the New Trump Administration." Washington, DC: Pew Research Center.

Lum, Terry Y., and Julianne P. Vanderaa. 2010. "Health Disparities among Immigrant and Non-Immigrant Elders: The Association of Acculturation and Education." *Journal of Immigrant and Minority Health* 12 (5): 743–753.

Markides, Kyriakos S., and Karl Eschbach. 2005. "Aging, Migration, and Mortality: Current Status of Research on the Hispanic Paradox." *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 60 (2): S68–S75.

Markides, Kyriakos S., Karl Eschbach, Laura A. Ray, and M. Kristen Peek. 2007. "Census Disability Rates among Older People by Race/Ethnicity and Type of Hispanic Origin." In

The Health of Aging Hispanics: The Mexican-Origin Population, edited by Jacqueline L. Angel and Keith E. Whitfield, 26–39. New York: Springer.

Markides, Kyriakos S, and Kerstin Gerst. 2011. "Immigration, Aging, and Health in the United States." In *Handbook of Sociology of Aging*, edited by Richard A. Settersten and Jacqueline L. Angel, 103–116. New York: Springer.

Montes-de-Oca, Verónica, Telésforo Ramírez, Nadia Santillanes, San Juanita García, and Rogelio Sáenz. 2015. "Access to Medical Care and Family Arrangements among Mexican Elderly Immigrants Living in the United States." In *Challenges of Latino Aging in the Americas*, edited by William A. Vega, Kyriakos S. Markides, Jacqueline L. Angel, and Fernando M. Torres-Gi, 225–245. Cham, Switzerland: Springer.

Morey, Brittany N., Gilbert C. Gee, Peter Muennig, and Mark L. Hatzenbuehler. 2018. "Community-Level Prejudice and Mortality among Immigrant Groups." *Social Science and Medicine* 199:56–66.

Olsen, Reed, Subhasree Basu Roy, and Hui-Kuan Tseng. 2019. "The Hispanic Health Paradox for Older Americans: An Empirical Note." *International Journal of Health Economics and Management* 19 (1): 33–51.

O'Neil, Kevin S. 2011. "Challenging Change: Local Policies and the New Geography of American Immigration." Ph.D. diss., Princeton University. http://pqdtopen.proquest.com/doc/907243010.html?FMT=ABS&pubnum=3481709.

Orrenius, Pia M., and Madeline Zavodny. 2009. "Do Immigrants Work in Riskier Jobs?" *Demography* 46 (3): 535–551.

Palloni, Alberto, and Elizabeth Arias. 2004. "Paradox Lost: Explaining the Hispanic Adult Mortality Advantage." *Demography* 41 (3): 385–415.

Palloni, Alberto, and Jeffrey D. Morenoff. 2001. "Interpreting the Paradoxical in the Hispanic Paradox: Demographic and Epidemiologic Approaches." *Annals of the New York Academy of Sciences* 954 (1): 140–174.

Parrado, Emilio A. 2012. "Immigration Enforcement Policies, the Economic Recession, and the Size of Local Mexican Immigrant Populations." *Annals of the American Academy of Political and Social Science* 641 (1): 16–37.

Pedroza, Juan Manuel. 2013. "Removal Roulette: Secure Communities and Immigration Enforcement in the United States (2008–2012)." In *Outside Justice: Immigration and the Criminalizing Impact of Changing Policy and Practice*, edited by David C. Brotherton, Daniel L. Stageman, and Shirley P. Leyro, 45–65. New York: Springer Science and Business Media.

———. 2019. "Deportation Discretion: Tiered Influence, Minority Threat, and 'Secure Communities' Deportations." *Policy Studies Journal* 47 (3): 624–646.

Perreira, Krista M., and Juan M. Pedroza. 2019. "Policies of Exclusion: Implications for the Health of Immigrants and Their Children." *Annual Review of Public Health* 40:147–166.

Philbin, Morgan M., Morgan Flake, Mark L. Hatzenbuehler, and Jennifer S. Hirsch. 2018. "State-Level Immigration and Immigrant-Focused Policies as Drivers of Latino Health Disparities in the United States." *Social Science and Medicine* 199 (February): 29–38.

Ribas, Vanesa. 2016. *On the Line: Slaughterhouse Lives and the Making of the New South*. Oakland: University of California Press.

Riosmena, Fernando, Bethany G. Everett, Richard G. Rogers, and Jeff A. Dennis. 2015. "Negative Acculturation and Nothing More? Cumulative Disadvantage and Mortality during the Immigrant Adaptation Process among Latinos in the United States."

International Migration Review 49 (2): 443–478.

Riosmena, Fernando, Randall Kuhn, and Warren C. Jochem. 2017. "Explaining the Immigrant Health Advantage: Self-Selection and Protection in Health-Related Factors among Five Major National-Origin Immigrant Groups in the United States." *Demography* 54 (1): 175–200.

Riosmena, Fernando, Justin Vinneau, and Hiram Beltrán-Sánchez. 2019. "Changes in Health-Related Selectivity and Modes of Incorporation of Mexican Migrants since the Beginning of the 21st Century." Paper presented at Population Association of America annual meeting, April 10–13, Austin, TX. http://paa2019.populationassociation.org/uploads/192066.

Riosmena, Fernando, Rebeca Wong, and Alberto Palloni. 2013. "Migration Selection, Protection, and Acculturation in Health: A Binational Perspective on Older Adults." *Demography* 50 (3): 1039–1064.

Rodríguez, Néstor, Cristian L. Paredes, and Jacqueline Hagan. 2017. "Fear of Immigration Enforcement among Older Latino Immigrants in the United States." *Journal of Aging and Health* 29 (6): 986–1014.

———. 2019. "Immigration Enforcement, Older Latino Immigrants, and Implications for Health." In *Contextualizing Health and Aging in the Americas: Effects of Space, Time and Place*, edited by William A. Vega, Jacqueline L. Angel, Luis Miguel F. Gutiérrez Robledo, and Kyriakos S. Markides, 111–135. Cham, Switzerland: Springer.

Rosenblum, Marc R., and William A. Kandel. 2012. "Interior Immigration Enforcement: Programs Targeting Criminal Aliens." Congressional Research Service, December 20. https://fas.org/sgp/crs/homesec/R42057.pdf.

Rosenblum, Marc R., and Doris Meissner. 2014. "The Deportation Dilemma: Reconciling Tough and Humane Enforcement." Migration Policy Institute, April. https://www.migrationpolicy.org/sites/default/files/publications/RemovalsOverview-WEBFINAL.pdf.

Roy, Subhasree Basu, Reed Neil Olsen, and Huikuan Tseng. 2020. "Do Hispanic Immigrants Spend Less on Medical Care? Implications of the Hispanic Health Paradox." *Applied Economics* 52 (36): 3951–3964.

Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2018. "IPUMS USA: Version 8.0 [Dataset]." IPUMS. 2018. https://doi.org/10.18128/D010.V8.0.

Rugh, Jacob S., and Matthew Hall. 2016. "Deporting the American Dream: Immigration Enforcement and Latino Foreclosures." *Sociological Science* 3:1077–1102.

Ruiz, John M,. Heidi A. Hamann, Matthias R. Mehl, and Mary-Frances O'Connor. 2016. "The Hispanic Health Paradox: From Epidemiological Phenomenon to Contribution Opportunities for Psychological Science." *Group Processes and Intergroup Relations* 19 (4): 462–476.

Sáenz, Rogelio. 2015. "The Demography of the Elderly in the Americas: The Case of the United States and Mexico." In *Challenges of Latino Aging in the Americas*, edited by William A. Vega, Kyriakos S. Markides, Jacqueline L. Angel, and Fernando M. Torres-Gi, 197–223. Cham, Switzerland: Springer.

Sanchez, Gabriel R., Edward D. Vargas, Hannah L. Walker, and Vickie D. Ybarra. 2015. "Stuck between a Rock and a Hard Place: The Relationship between Latino/a's Personal Connections to Immigrants and Issue Salience and Presidential Approval." *Politics,*

Groups, and Identities 3 (3): 454–468.

Sheftel, Mara, and Frank W. Heiland. 2018. “Disability Crossover: Is There a Hispanic Immigrant Health Advantage That Reverses from Working to Old Age?” *Demographic Research* 39:209–250.

Stanhope, Kaitlyn K., Carol R. Hogue, Shakira F. Suglia, Juan S. Leon, and Michael R. Kramer. 2019. “Restrictive Sub-Federal Immigration Policy Climates and Very Preterm Birth Risk among US-Born and Foreign-Born Hispanic Mothers in the United States, 2005–2016.” *Health and Place* 60 (November). https://doi.org/10.1016/j.healthplace.2019.102209.

Strully, Kate W., Robert Bozick, Ying Huang, and Lane F. Burgette. 2020. “Employer Verification Mandates and Infant Health.” *Population Research and Policy Review* 39:1143–1184.

Tarraf, Wassim, Gail A. Jensen, Heather E. Dillaway, Priscilla M. Vásquez, and Hector M. González. 2020. “Trajectories of Aging among US Older Adults: Mixed Evidence for a Hispanic Paradox.” *Journals of Gerontology: Series B* 75 (3): 601–612.

Taylor, Paul, Mark Hugo Lopez, Jeffrey S. Passel, and Seth Motel. 2011. “Unauthorized Immigrants: Length of Residency, Patterns of Parenthood.” Pew Research Center, December 1. https://www.pewresearch.org/hispanic/2011/12/01/unauthorized-immigrants-length-of-residency-patterns-of-parenthood/.

Teruya, Stacey A., and Shahrzad Bazargan-Hejazi. 2013. “The Immigrant and Hispanic Paradoxes: A Systematic Review of Their Predictions and Effects.” *Hispanic Journal of Behavioral Sciences* 35 (4): 486–509.

Torche, Florencia, and Catherine Sirois. 2018. “Restrictive Immigration Law and Birth

Outcomes of Immigrant Women." *American Journal of Epidemiology* 188 (1): 24–33.

Turra, Cassio M., and Irma T. Elo. 2008. "The Impact of Salmon Bias on the Hispanic Mortality Advantage: New Evidence from Social Security Data." *Population Research and Policy Review* 27 (5): 515.

Valenzuela, Abel, Nik Theodore, Edwin Meléndez, and Ana Luz Gonzalez. 2006. "On the Corner: Day Labor in the United States." UCLA Center for the Study of Urban Poverty, January. https://www.coshnetwork.org/sites/default/files/Day%20Labor%20study%202006.pdf.

Vargas, Edward D., and Viridiana L. Benitez. 2019. "Latino Parents' Links to Deportees Are Associated with Developmental Disorders in Their Children." *Journal of Community Psychology* 47 (5): 1151–1168.

Wang, Julia Shu-Huah, and Neeraj Kaushal. "Health and mental health effects of local immigration enforcement." *International Migration Review* 53, no. 4 (2019): 970-1001.

Watson, Tara. 2014. "Inside the Refrigerator: Immigration Enforcement and Chilling Effects in Medicaid Participation." *American Economic Journal: Economic Policy* 6 (3): 313–338.

Table 8.1: County-level Hispanic crude death rates by cumulative deportation rates, 2013–2016

Variables	Model 1: ordinary least squares (OLS)	Model 2: OLS (with mean metro effects)	Model 3: OLS (with mean metro effects)
Cumulative deportation rate	–23.7*	–22.5**	–23.2***
	(11.40)	(6.98)	(6.49)
Hispanic percent	537.3***	500.4***	539.1***
	(104.75)	(66.16)	(69.12)
Hispanic growth (since 1990)	–635.5***	–692.9***	–756.6***
	(175.71)	(129.59)	(135.72)
State and year fixed effects	No	Yes	Yes
Observations (no. of counties)	2,145	2,145	2,145
R-squared	0.5115	0.7913	0.8079

Note: Robust standard errors are in parentheses. Crude death rates were observed at the county level and taken from CDC data. Source: Author's analyses of county-level CDC Compressed Mortality data (2013-2016: https://wonder.cdc.gov/cmf-icd10.html) and ICE Secure Communities data. Standard errors are clustered at the county level.
***$p < 0.001$, **$p < 0.01$, *$p < 0.05$.

Table 8.2: Percent of metro residents reporting multiple disabilities, by citizenship status, race/ethnicity, and deportation context

		Non-Hispanic			Hispanic				
Disabilities	All metro residents	Total	White U.S. citizen	Black U.S. citizen	Total	Hispanic U.S. citizen	Hispanic noncitizen	Hispanic noncitizen, arrived before 2007	Hispanic noncitizen, arrived after 2006
Multiple disabilities	7.39	7.69	7.64	9.85	6.00	7.34	3.42	3.62	2.30
Low-deportation context	7.30	7.43	7.41	9.69	6.33	7.85	3.01	3.33	1.58
High-deportation context	7.40	7.86	7.91	9.5	6.01	7.18	3.98	4.18	2.68

Note: Disability rates reflect sample of residents living in metro areas with a Secure Communities program (2013–2016). Deportation contexts reflect whether residents live in a metro area whose cumulative deportation rates are one standard deviation below or above the mean (2.13 ± 0.94). Source: Authors' analyses of Ruggles et. al. (2018) and ICE Secure Communities data.

Table 8.3: Log odds of reporting multiple disabilities among metro residents (2013–2016) by race/ethnicity, citizenship status, and cumulative deportation rate (CDR)

	All metro residents		Non-Hispanics		Non-Hispanic white U.S. citizens		Non-Hispanic black U.S. citizens	
Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8
CDR	–0.0007**	–0.0020***	–0.0005*	–0.0017***	–0.0011***	–0.0016***	0.0024**	–0.0020**
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.001)	(0.001)
Observations	5,807,672	5,807,672	4,953,610	4,953,610	3,768,679	3,768,679	583,745	583,745
R-squared	0.0031	0.1844	0.0031	0.1824	0.0032	0.1769	0.0052	0.1919
Full controls	No	Yes	No	Yes	No	Yes	No	Yes
Hispanic-origin fixed effects	No	Yes	—	—	—	—	—	—

	All Hispanics		Hispanic U.S. citizens		Hispanic noncitizens (arrived before 2007)	
Variables	Model 9	Model 10	Model 11	Model 12	Model 13	Model 14
CDR	–0.0000	–0.0026***	0.0004	–0.0022**	–0.0007	–0.0034***
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Observations	854,062	854,062	594,909	594,909	222,071	222,071
R-squared	0.0069	0.2038	0.0057	0.2090	0.0105	0.1833
Full controls	No	Yes	No	Yes	No	Yes
Hispanic-origin fixed effects	No	Yes	No	Yes	No	Yes

Note: Standard errors are in parentheses. The full controls are sex, age, age^2, poverty and insurance status, SSI benefit receipt, marital status, educational attainment, and occupation and employment status. Model 14 accounts for U.S. tenure. Source: Authors' analyses of Ruggles et. al. (2018) and ICE Secure Communities data.

***$p < 0.001$, **$p < 0.01$, *$p < 0.05$.

Table 8.4: Log odds of reporting multiple disabilities for Hispanic noncitizens (metro residents) arriving after 2006

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Deportation rate	0.0074***	0.0063***	0.0059***	0.0052**	0.0044**	0.0036*
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)
Age		–0.0126***	–0.0126***	–0.0127***	–0.0116***	–0.0117***
		(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Age^2		0.0002***	0.0002***	0.0002***	0.0002***	0.0002***
		(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Female		0.0027†	0.0027†	0.0027†	–0.0029†	–0.0030†
		(0.001)	(0.001)	(0.001)	(0.002)	(0.002)
Years in U.S.			0.0007*	0.0007*	0.0008**	0.0008**
			(0.000)	(0.000)	(0.000)	(0.000)
Below poverty line					0.0024	0.0025
					(0.002)	(0.002)
Any health insurance					0.0063***	0.0067***
					(0.002)	(0.002)
Any SSI income					0.1274***	0.1291***
					(0.008)	(0.008)
Married (spouse present)					–0.0065***	–0.0060***
					(0.002)	(0.002)
Education (0: <12 years)						
12 years					–0.0027	–0.0020
					(0.002)	(0.002)
1–2 years college					–0.0067*	–0.0065*
					(0.003)	(0.003)
4+ years college					–0.0065*	–0.0061*
					(0.003)	(0.003)
No schooling					0.0164***	0.0167***
					(0.003)	(0.003)
Employment (0: not in labor force)						
Unemployed					–0.0150*	–0.0141*
					(0.007)	(0.007)
Professional					–0.0168***	–0.0160***
					(0.003)	(0.003)
Service					–0.0180***	–0.0173***
					(0.002)	(0.002)
Farm					–0.0266***	–0.0262***
					(0.005)	(0.005)
Production					–0.0193***	–0.0188***
					(0.003)	(0.003)
Observations	37,082	37,082	37,082	37,082	37,082	36,231
R-squared	0.0147	0.1593	0.1594	0.1608	0.1704	0.1665

Note: Standard errors are in parentheses. Sample reflects metro residents with Secure Communities program (2013–2016). Model 6 is limited to metros with 100+ Hispanics (N = 36,231). Models 4–6

include detailed Hispanic-origin fixed effects. Source: Authors' analyses of Ruggles et. al. (2018) and ICE Secure Communities data.
***$p < 0.001$, **$p < 0.01$, *$p < 0.05$, †$p < 0.10$.

Notes

[1] Convention when referring to individuals identifying as "Hispanic" has moved to using "Latino" or "Latina/o" or, more recently, "Latinx." Notwithstanding debates regarding such pan-ethnic labels, and since variation by either sex or gender are not the primary focus here, the chapter uses "Hispanic" to refer to people who—when surveyed by the U.S. Census—identify as "Hispanic, Latino, or other Spanish" culture or origin, regardless of race.

[2] Evidence of a HEP is not unequivocal (Camacho-Rivera et al. 2015; Markides and Gerst 2011; Lum and Vanderaa 2010; Tarraf et al. 2020).

[3] Such bias appears particularly applicable to Mexican immigrants (Palloni and Arias 2004) but may not apply to other Hispanic groups (Abraido-Lanza et al. 1999) or play only a limited role in accounting for the HEP in outcomes such as mortality (Turra and Elo 2008).

[4] The data are available through IPUMS, at https://ipums.org/projects/ipums-usa/d010.v8.0.

[5] As a check to ensure we are measuring cumulative disadvantage in a sensible way, we also predict whether individuals report three or more disabilities.

[6] We conduct separate analyses to determine whether the results differ when we include a small share (8 percent) of residents that moved to a different county in the same state.

[7] During this time period and in metro areas with Secure Communities, multiple disabilities were also inversely related to deportation context for other groups (e.g., Native Americans, Asian U.S. citizens). Asian noncitizens reported multiple-disability rates (3.29 percent) similar to Hispanic noncitizens, but these did not differ across deportation contexts.

[8] Since the average annual increase in cumulative deportations (for this sample) was 0.215 and the mean disability rate for the same sample was 0.023 (2.3 percent), then the relationship between deportations and multiple disabilities (Beta: 0.0036; caution: p-value = 0.066) equals $(0.215 \times 0.0036)/0.023 = 0.034$, or 3.4 percent. This estimate is lower than the predicted 4.1–6.9 percent rise in likelihood of multiple disabilities predicted in models 1 through 5, or about half when comparing

model 1 (with no covariates) and the final model (3.4 percent compared to 6.9 percent). In the context of the literature on enforcement, the results resemble the relationship between enforcement and poverty: heightened enforcement predicts a 4 percent rise in the likelihood of living in poverty among U.S.-born children with likely unauthorized parents (Amuedo-Dorantes, Arenas-Arroyo, and Sevilla 2018).

[9] We conducted a number of robustness checks. The above results exclude those who moved and crossed county lines, but excluding them may bias our estimates toward zero if noncitizens vulnerable to health hazards leave high-deportation-rate areas. Among intrastate movers, we assign these residents their state-level deportation rate. The association between deportations and disabilities remains about the same when we include these residents (3.6 percent). Furthermore, we also employed Bayesian multilevel models with random effects for year and metro area. On the basis of those results, rising cumulative deportation rates appear to be a marginally positive predictor of multiple disabilities. Similar in magnitude to the above results, the expected mean increase in odds of multiple disabilities is about 5 percent per 1-unit increase in the cumulative deportation rate.